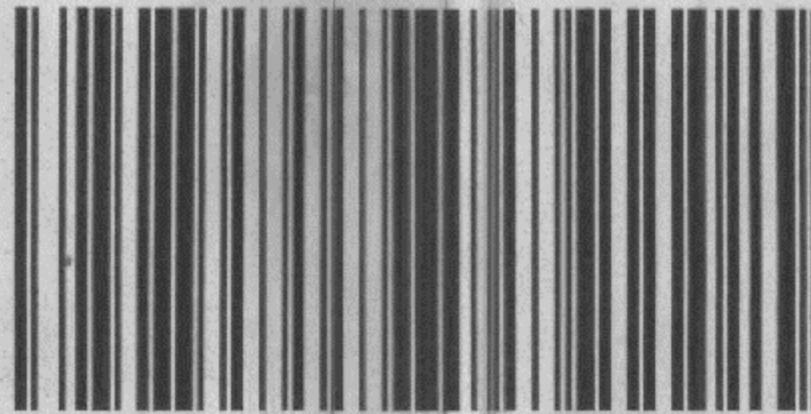


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBBD26414531

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| Sender's Details | | Consignee's Details. Full Street Address Please | | | | | | Mark Service Required | |
|---|--|--|--|------------------------------------|---|--|--|---|--|
| Company Name ATM SOLUTIONS Street Address 7 DELPH STREET | | Company Name ATM SOLUTIONS Street Address DSV DEPOT | | | | | | <input type="checkbox"/> Same Day | |
| Suburb SANDTON | | Suburb PORT SHEPSTONE | | | | | | <input type="checkbox"/> Express | |
| City / Town JNB Postal Code | | City / Town PORT SHEPSTONE (PSH) Postal Code | | | | | | <input type="checkbox"/> With Sunrise Option | |
| Contact | | Contact KISHAL HARI | | | | | | <input type="checkbox"/> With Saturday Service | |
| Phone | | Phone 083 603 4944 | | | | | | <input type="checkbox"/> Public Holiday Service | |
| Destination Country | | South Africa <input checked="" type="checkbox"/> | | Botswana | | Lesotho | | <input checked="" type="checkbox"/> Economy | |
| | | | | | | | | <input type="checkbox"/> After Hours | |
| Sender's Reference | | Analysis Code | | | | | | <input type="checkbox"/> BLNS Customs Tariff | |
| SPECIAL INSTRUCTIONS | | | | | | | | | |
| Bill Charges To Account No. 027766 | | Bill To Sender <input checked="" type="checkbox"/> | | Consignee <input type="checkbox"/> | | Other (Name Please) <input type="checkbox"/> | | 1. ONLINE <input type="checkbox"/> | |
| If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges. | | | | | | | | | |
| IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 12.5,12.6 AND 12.7 OVERLEAF). | | | | | | | | | |
| e-mail / Fax / Proof of Delivery <input type="checkbox"/> | | e-mail Address / Fax Number | | | | | | | |
| Total Parcels | | NO. OF PARCELS PER DIMENSIONS | | LENGTH (CM) | | WIDTH (CM) | | HEIGHT(CM) | |
| 1 | | | | | | | | | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) KISHAL | | | | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) [Signature] | | | | |
| Date Received: 6/05/18 | | | | | Date Received: 06/05/18 | | | | |
| Time Received: | | | | | Time Received: 15:00 | | | | |
| Signature: [Signature] | | | | | Signature: [Signature] | | | | |
| Total Mass (Kg) | | | | | | | | | |

POD COPY